



Representative Kellie Deeter
House District 54

Chair Schmidt, Ranking Member Somani, and members of the House Health Committee, thank you for the opportunity to provide sponsor testimony on House Bill 398.

This bill was brought forward by two major health systems that employ paramedics, EMTs, and/or advanced EMTs (EMT-I), as part of their care teams in emergency departments. In Ohio, these professionals' scopes of practice include technical skills that are integral to emergency care, performed under the direction of a physician. While most of their work occurs in pre-hospital settings, EMTs and paramedics are also used effectively inside emergency rooms on staff. In these settings, their scope of practice remains the same as pre-hospital, consistent with their training, education, and individual certifications.

However, under current law, EMTs and paramedics may not provide even the most basic skills within the hospital setting, outside of the emergency department. For example, advanced EMTs and Paramedics are permitted to establish IV access and obtain vital signs in the ER, but they cannot do so on the main hospital floor, or any other setting within the hospital. For comparison, patient care technicians, with generally less training, are able to take vital signs in any setting, while EMTs and paramedics are not. This inconsistency limits hospitals from deploying their team members efficiently and prevents trained providers from using skills they already possess.

House Bill 398 provides a simple and practical solution. It allows EMTs and paramedics to perform a limited set of basic services that already fall within their scopes of practice, in other areas of the hospital, when directed by a physician or registered nurse. These 3 specific services include:

- Transporting patients within the hospital (between departments)
- Obtain vital signs
- Establish intravenous access

It is important to emphasize that this bill does **not** expand the scope of practice for EMTs or paramedics. They will not gain new authorities or responsibilities. Instead, House Bill 398 recognizes the skills they already perform safely in the pre-hospital and emergency room settings and allows those same skills to be used, when appropriate, elsewhere in the hospital. The four

walls of the emergency room should not artificially limit their ability to provide quality patient care.

I would like to thank my joint sponsor, Representative Thomas Hall who is currently training to become a paramedic for joining me in this effort. His perspective and commitment to strengthening Ohio's emergency care workforce have been invaluable in shaping this legislation.

Thank you for the opportunity to provide sponsor testimony on House Bill 398. I am happy to answer any questions from the committee.